

Kansas §1115 Independence Plus Demonstration

FACT SHEET

Name of Section 1115 Demonstration:	Work Opportunities Reward Kansans (WORK)
Date Concept Paper Submitted:	April 3, 2003
Date Draft Proposal Submitted:	November 17, 2003
Date Proposal Submitted:	August 25, 2004
Date Proposal Approved:	-----
Scheduled Expiration Date:	-----
Date Demonstration Implemented:	-----

SUMMARY

On August 25, 2004, the Kansas Social and Rehabilitation Services (SRS) submitted this §1115 Independence Plus proposal entitled, “Working Opportunities Reward Kansans” (WORK). The State proposes to provide self-directed personal attendant services, along with assistive services and supports brokerage, to persons with disabilities who are enrolled in, or on a waiting list for, one of four designated Home and Community Based Services Waivers, and who also meet the eligibility requirements for the State’s Ticket to Work and Work Incentives Improvement Act (TWWIIA) Medicaid Infrastructure Grant (MIG) program, “Working Healthy”. Persons to be enrolled will be working a minimum of 40 hours per month in a competitive integrated setting, or will commit to reach that level of work by the end of the first year in the program.

Independence Plus is a model of service delivery that helps States enable elders and persons with disabilities to maximize choice and control over services provided in their own homes and communities. SRS thinks that the provision of self-directed personal care and related services at home and work will increase the number of persons with severe disabilities in the workforce, help to increase the number of hours they work, increase their income and result in better health outcomes and improved quality of life.

TARGET POPULATION/ELIGIBILITY

All demonstration participants must be eligible for the State’s “Working Healthy” program in order to receive the demonstration services. Participants must:

- Be between 16 and 65 years of age
- Be determined disabled by the Social Security Administration
- Have earned income verified by FICA/SECA payments
- Have countable net income no higher than 300% of the Federal Poverty Level
- Have assets no higher than \$15,000
- Be a Kansas resident

Participants must also meet the following criteria:

- Be receiving services under one of the following HCBS waivers: Developmental Disability (DD), Head Injury (HI), Physical Disability (PD), Severely Emotionally Disturbed (SED) Waivers, or be on a waiting list for one of these waivers; and
- Be competitively employed in an integrated setting a minimum of 40 hours per month or more, or indicate a willingness to meet this minimum by the end of the first year (twelve months) on the waiver; and
- Understand and be willing to accept the responsibilities and risks of managing their own care, as well as have knowledge of their rights.

NUMBER OF INDIVIDUALS SERVED

Potential enrollees could include approximately 10,000 persons who are enrolled in, or on a waiting list for, one of the designated HCBS waiver programs and determined to need personal care services to maintain or increase independence and employment.

BENEFIT PACKAGE

Under the WORK proposal, the Plan of Care is referred to as the Plan for Independence. A Plan for Independence will be developed and services to be provided under the plan will include the following:

- **Personal Services:** The State defines personal services as “one or more persons assisting another person with a disability with tasks that the disabled individual would typically do for him/herself in the absence of a disability.” Services can include assisting the participant with Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs) and work-related tasks.
- **Assistive Services:** Services include any item, piece of equipment, product system, or environmental modification that is used to increase, maintain or improve independence and/or employment. Purchase or rent of new or used assistive technology is limited to those items not covered by Medicaid under the State Plan. Assistive services also include any service that directly assists persons in the selection, acquisition or use of assistive technology. Assistive services will have an annual cap.
- **Supports Brokerage:** Services include assistance in enrolling, accessing other systems, developing the Plan for Independence and the Individualized Budget, managing personal attendants, documenting the need for assistive services, planning for and documenting the use of excess funds and locating and maintaining services.

COST SHARING

Participants with countable net income above 100% of FPL, may be required to pay a premium within an established range. Participants would pay no more than 7.5% of their countable net income.

ENROLLMENT LIMIT/CAP

None

ENROLLMENT/DISENROLLMENT PROCESS

The SRS will be responsible for determining eligibility for the Working Healthy program and WORK. Participation in WORK is voluntary. SRS will refer eligible consumers to the Contractor (see below) for a host of self-directed supports and services. Participants may voluntarily disenroll from WORK at any time. Participants may also be involuntarily disenrolled if they have not become re-employed within the required six months under the Working Healthy program. Disenrolled participants who were previously served under a waiver program will have the option to return to that waiver, or if they were on a waiting list, they will have the option to return to the waiting list in the order they would have achieved had they not left the list.

DELIVERY SYSTEM

Development of the Plan for Independence will be person-centered and directed by the participant. SRS staff will determine eligibility and enroll eligible participants. Assessments of the Plan for Independence will be conducted annually. Community providers such as the Centers for Independent Living, Community Developmental Disability Organizations and Community Mental Health Centers and state-licensed Home Health agencies will provide participants with the following supports and services:

- Assessments;
- Supports brokerage services;
- Fiscal management services;
- Assistance in developing their Plan for Independence and/or Individualized Budget;
- Assistance in locating personal attendants; and
- Assistance in accessing other services.

SRS will contract with one or several community providers (Contractor(s)) to provide eligible consumers with additional supports and services, such as an orientation to WORK; self-direction and fiscal management training; coordination of the development of the Plan for Independence and the Individualized Budget; entering the Plan for Independence into the State's Medicaid Management Information System (MMIS); and assisting consumers in locating community providers, supports brokers and fiscal management organizations.

QUALITY ASSURANCE AND IMPROVEMENT

The State proposes a Quality Assurance and Improvement Plan that vests oversight and monitoring responsibilities in the SRS. SRS will collect and maintain data on critical events, grievances, reports of abuse, neglect, exploitation and fiduciary abuse, will take remedial action as needed, will analyze the data for patterns that indicate the presence of a problem within the program and make program adjustments accordingly. All participants will have an individualized emergency back-up plan that will ensure their health and safety. Participants of

WORK will be asked to complete satisfaction surveys, “Quality of Life” surveys and participate in annual face-to-face interviews conducted by SRS. Participants who disenroll will also be surveyed.

The University of Kansas will assist SRS with measuring consumer satisfaction, conducting program evaluation and monitoring quality assurance.

MODIFICATIONS/AMENDMENTS

Not applicable.

For additional information, please contact the CMS Project Officer – Marguerite Schervish at 410-786-7200 or Mschervish@cms.hhs.gov.

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